ARIZONA STATE BOARD OF HEALTH State File No BUREAU OF VITAL STATISTICS PLACE OF BIRTH Registered No STANDARD CERTIFICATE OF BIR'TH County. District or Township. If birth occurred is a hospital or institution, give its NAME instead of street and number) If child is not yet named, make supplemental report, as directed. 2. Full name of child 3. Sex of Child 4. Twin, triplet or other To be answered ONLY 6. Legitimate? 7. Date of birth in event of plural births. 5. No., in order of birth. FATHER MOTHER ill name Full malden name Meami Residence 15 Residence (Usual place of abode) (Usual place of abode) If non-resident, give place and state. If non-resident, give place and state. 11 i). Color or race 16 Color or race 11. Age at last birthday..... 17. Age at last birthday (Years) Birthplace (city or place) 18. Birthplace (city or place) (State or country) (State or country) Occupation 19. Occupation ature of industry Nature of industry number of children of this mother Were precautions taken against oph-(a) Born alive and now living_ taken as of time of birth of child herein certified and including this child.) (c) Stillborn. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was ADM .m. on the date above stated * When there was no attending physician Signature 10 or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Physician or midwife). Given name added from a supplemental report... Month, day, year Registrar Registrar

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